

## Health Update:

### 2007 Revised Gonorrhea Treatment Recommendations

May 2, 2007

This document will be updated as new information becomes available. The current version can always be viewed at <http://www.dhss.mo.gov>

The Missouri Department of Health & Senior Services (DHSS) is now using 4 types of documents to provide important information to medical and public health professionals, and to other interested persons:

**Health Alerts** convey information of the highest level of importance which warrants immediate action or attention from Missouri health providers, emergency responders, public health agencies, and/or the public.

**Health Advisories** provide important information for a specific incident or situation, including that impacting neighboring states; may not require immediate action.

**Health Guidances** contain comprehensive information pertaining to a particular disease or condition, and include recommendations, guidelines, etc. endorsed by DHSS.

**Health Updates** provide new or updated information on an incident or situation; can also provide information to update a previously sent Health Alert, Health Advisory, or Health Guidance; unlikely to require immediate action.

Health Update  
May 2, 2007

**FROM: JANE DRUMMOND  
DIRECTOR**

**SUBJECT: 2007 Revised Gonorrhea Treatment Recommendations**

On April 16, 2007, the Missouri Department of Health and Senior Services (DHSS) issued a Health Advisory entitled "CDC Changes Recommendations for Gonorrhea Treatment Due to Drug Resistance." This change in recommended treatment was based on new data showing that fluoroquinolone-resistant gonorrhea is now widespread in the United States among heterosexuals and men who have sex with men (MSM).

The Health Advisory also briefly discussed the Centers for Disease Control and Prevention's (CDC's) revised gonorrhea treatment recommendations, and referred readers to the relevant CDC website (<http://www.cdc.gov/std/gonorrhea/arg/>) for further information.

DHSS has now developed its own revised treatment recommendations for uncomplicated gonococcal infections of the cervix, urethra, and rectum, which are provided on the next page. Any questions should be directed to DHSS's Bureau of HIV, STD, and Hepatitis at 573/751-6439, or 800/392-0272 (24/7).

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**Jane Drummond**  
Director

**2007 Revised Treatment Recommendations  
Uncomplicated Gonococcal Infections of the Cervix, Urethra, and Rectum**

***Centers for Disease Control and Prevention Recommended Regimens\****

<http://www.cdc.gov/std/treatment/2006/updated-regimens.htm>

**Ceftriaxone** 125 mg IM in a single dose

**OR**

**Cefixime**†400 mg orally in a single dose

**PLUS**

**TREATMENT FOR CHLAMYDIA IF CHLAMYDIAL INFECTION IS NOT RULED OUT**

\* These regimens are recommended for all adult and adolescent patients, regardless of travel history or sexual behavior.

† The tablet formulation of cefixime is currently not available in the United States

**Alternative Single-dose cephalosporin regimens**

Other single-dose cephalosporin therapies that are considered alternative treatment regimens for uncomplicated urogenital and anorectal gonococcal infections include ceftizoxime 500 mg IM; or cefoxitin 2 g IM, administered with probenecid 1 g orally; or cefotaxime 500 mg IM. Some evidence indicates that cefpodoxime 400 mg and cefuroxime axetil 1 g might be oral alternatives.

***Missouri Department of Health & Senior Services Alternative Regimens***

If ceftriaxone or cefixime is not available:

**Cefpodoxime** 400mg in a single oral dose

**OR**

**Ciprofloxacin** 500mg in a single oral dose (or other fluoroquinolones) shall remain an acceptable treatment in Missouri for the remainder of 2007 for uncomplicated gonorrhea, but should be considered only when other alternatives are impractical. It is NOT acceptable for:

- Men who have Sex with Men (MSM), regardless of travel
- Patients who have traveled, or their sex partners who have traveled, to California and/or Hawaii

NOTE: Surveillance by clinicians is critical. Clinicians who have diagnosed *N. gonorrhoeae* infection in a person who was previously treated with a recommended regimen and who probably has not been re-exposed should perform culture and susceptibility testing of the relevant clinical specimens and report the case to the Department of Health and Senior Services.

[www.dhss.mo.gov](http://www.dhss.mo.gov)

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